

September 4, 2003

Re: Medical Dispute Resolution  
MDR # M2-03-1642-01  
IRO Certificate No. 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management.

**Clinical History:**

This 45-year-old male claimant sustained a work-related injury on \_\_\_\_\_. Recent medical notes indicate worsening of low back pain, as well as worsening of symptoms in his lower extremities, including pain as well as numbness. He has been treated with long-acting opioids, as well as some short-acting opioids for breakthrough pain. He has also been treated with trigger-point injections that appear to result in temporary improvement in the spine pain.

**Disputed Services:**

MRI of the lumbar spine and treatment of the paraspinal musculature with Myobloc.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that an MRI of the lumbosacral spine is medically necessary. However, the Myoblock treatment is not medically necessary in this case.

**Rationale:**

An MRI of the lumbosacral spine is appropriate, as there does appear to be both objective and subjective worsening of the low back and lower extremity symptoms. With documented degenerative disc disease presumably on prior scans done several years prior, it would be reasonable to look for any progression of this disease to account for the worsening symptoms and signs on examination.

The Myobloc treatment for presumed myofascial pain syndrome along the paraspinal musculature would not be considered "standard of care" for treatment of this longstanding condition. Just as the trigger-point injections proved to provide only temporary benefit, treatment with botulinum toxin will also be expected to achieve only temporary benefit, albeit longer in duration, than the trigger-point injections. However, there is no significant basis to

predict any longstanding improvement with this treatment, especially since the claimant has already undergone one set of injections without significant benefit.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744  
Fax: (512) 804-4011

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 4, 2003.

Sincerely,